

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AL11967553	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 9/20/2012
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Name of Facility RIVER MEADOWS OF BRANDON	Street Address, City, State, Zip Code 2318 CHERRY RIDGE LANE BRANDON, FL 33511
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This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix A0052 Reg. # 58A-5.0185(3) FAC LSC	Correction Completed 09/20/2012	ID Prefix A0054 Reg. # 58A-5.0185(5) FAC LSC	Correction Completed 09/20/2012	ID Prefix A0056 Reg. # 58A-5.0185(7) FAC LSC	Correction Completed 09/20/2012
ID Prefix A0058 Reg. # 429.42 FS: 58A-5.033 FAC LSC	Correction Completed 09/20/2012	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

Reviewed By State Agency	Reviewed By CMS RO	Date: 9/26/12	Signature of Surveyor:	Date:
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Followup to Survey Completed on: 5/22/2012	Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility?	YES NO
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RICK SCOTT
GOVERNOR



Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

September 26, 2012

Administrator
River Meadows of Brandon
2318 Cherry Ridge Lane
Brandon, FL 33511

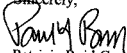
Dear Administrator:

This letter reports the findings of a second state licensure survey revisit conducted on September 20, 2012, by a representative of this office.

Attached is the provider's copy of the Revisit Report, which indicates the previously cited deficiencies were found corrected on the day of the revisit.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under **Health Facilities and Providers** on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions please call **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

For Patricia Reid Cauffman
Field Office Manager

PRC/kpr

Enclosure: Revisit Report

